## INITIAL COMPLIANCE STATUS REPORT

test are attached.

<u>Applicable Rule:</u> 40 CFR Part 63, Subpart JJ--National Emission Standards for Wood Furniture Manufacturing Operations

Owner/Operator/Title		
Company Name		
Mailing Address		
City	State	ZIP Code
Plant* Address (if different than o	owner/operator?s)	
Street Address		
City	State	ZIP Code
Plant Phone Number		
Plant Contact/Title		
* Physical location of affected sou	arce.	
2. Indicate whether the facility is a	new or existing source:	
☐ New source (construction comm	menced on or after December 6,	1994)
☐ Existing source		
3. Indicate the facility?s compliance	ce date: / /	
4. Indicate the facility?s compliance	ce approach:	
☐ Compliant Coatings/Adhesive	es -The facility uses compliant co	oatings, thinners, and/or adh
☐ Averaging - The facility uses a average VHAP content achieves the month in which the compliance date.	he required limitation, A copy of	
☐ Compliant Coatings with conti	inuous coaters.	
	nt coatings, as determined by the	
	nt coatings and thinners and more showing the relationship betwee	

Company Name	Initial Compliance Report - Subpart JJ	Page 2
☐ Combination of method used. Requirements for both	ods - Indicate what combination of compliance methods are being oth methods are attached.	
5. Work Practice Standard	ls	
☐ The facility developed implementing provision	a work practice implementation plan and established procedures as of the plan.	for
6. <b>Print</b> or <b>type</b> the name of	of the Responsible Official for the plant:	
<u> </u>	(TVI)	
(Name)	(Title)	
<ul><li>The owner of the plant;</li><li>The plant engineer or si</li><li>A government official</li></ul>	esident, secretary, or treasurer of the company that owns the plan;	
I certify the information co	ontained in this report to be accurate and true to the best of my ki	nowledge.
(Signature of Responsible	Official) (Date)	